

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00508440 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Bully Pulpit Interactive LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 06 / 2016</div> </div>	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">95.00</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D638327 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 06 / 2016</div> </div>
Purpose of Expenditure GOTV - online advertising		Category/Type	
Name of Federal Candidate Masto, Catherine Cortez, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">17626.66</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Bully Pulpit Interactive LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 06 / 2016</div> </div>	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.33</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D638329 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 06 / 2016</div> </div>
Purpose of Expenditure GOTV - online advertising		Category/Type	
Name of Federal Candidate Hassan, Margaret, Wood, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">17144.48</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">147.33</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,
[Electronically Filed]

Date

MM / DD / YYYY
11 / 07 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes	FEC IDENTIFICATION NUMBER ▼ C C00508440
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Bully Pulpit Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount 172.98	
City Washington	State DC	Zip Code 20036	Transaction ID : D638331
Purpose of Expenditure GOTV - online advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2016	
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		24022.34	

Full Name of Payee Bully Pulpit Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount 8877.27	
City Washington	State DC	Zip Code 20036	Transaction ID : D638333
Purpose of Expenditure GOTV - online advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2016	
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		569530.15	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9050.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 07 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Bully Pulpit Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount 11614.79	
City Washington	State DC	Zip Code 20036	Transaction ID : D638335
Purpose of Expenditure GOTV - online advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2016
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		569530.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Impact Dialing		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016	
Mailing Address 400 SW 6th Ave Suite 800		Amount 282.93	
City Portland	State OR	Zip Code 97204	Transaction ID : D638317
Purpose of Expenditure Telephone calls		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2016
Name of Federal Candidate Masto, Catherine Cortez, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		17626.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11897.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 07 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Impact Dialing		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016	
Mailing Address 400 SW 6th Ave Suite 800		Amount 116.93	
City Portland	State OR	Zip Code 97204	Transaction ID : D638318
Purpose of Expenditure Telephone calls	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2016	
Name of Federal Candidate Hassan, Margaret, Wood, ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 17144.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Impact Dialing		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016	
Mailing Address 400 SW 6th Ave Suite 800		Amount 495.01	
City Portland	State OR	Zip Code 97204	Transaction ID : D638319
Purpose of Expenditure Telephone calls	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2016	
Name of Federal Candidate McGinty, Kathleen, Alana, ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 24022.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	611.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 07 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Impact Dialing		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016	
Mailing Address 400 SW 6th Ave Suite 800		Amount 603.93	
City Portland	State OR	Zip Code 97204	Transaction ID : D638320
Purpose of Expenditure Telephone calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2016	
Name of Federal Candidate Murphy, Patrick, ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 22247.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Impact Dialing		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2016	
Mailing Address 400 SW 6th Ave Suite 800		Amount 2788.70	
City Portland	State OR	Zip Code 97204	Transaction ID : D638321
Purpose of Expenditure Telephone calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2016	
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 569530.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3392.63
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	25099.87

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 07 / 2016

Signature